

BEST AVAILABLE COMPANDED DE LA COMPANDE CO. 20549 **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number:

Expires:

Estimated average burden hours per response.....16.00



	UQUTSISI
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Organizer's	-
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	1200295
A. BASIC, IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Crossroads Capital Corporation	
Address of Executive Offices (Number and Street, City, State, Zip Code) 65 Airport Parkway, Suite 118, Greenwood, IN 46143	Telephone Number (Including Area Code) (317)889-9798
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code) Same
Brief Description of Business	
Life Insurance Holding Company	PROCESSED
Type of Business Organization Corporation limited partnership, already formed other (p business trust limited partnership, to be formed	lease specify): PAUG 0 2 2008 THOMSON
Month Year Actual or Estimated Date of Incorporation or Organization: O 5 0 6 X Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	TENANCIAL Nated

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information re	quested for the fol	llowing:	•		
 Each promoter of t 	he issuer, if the iss	suer has been organized w	ithin the past five years;		
Each beneficial own	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issue
Each executive offi	icer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
 Each general and n 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Branan, Russel Dean					
Business or Residence Addre 65 Airport Parkway, Suite			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Integrity Capital Corporat	ion	•			
Business or Residence Addre		•	ode)		
Check Box(es) that Apply:	☑ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i VanDyke, M. Bruce	f individual)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		·
65 Airport Parkway, Suite	118, Greenwoo	od, IN 46143			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			., .	
Duncan, Jerry W.					
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
65 Airport Parkway, Suite	e 118, Greenwo	od, IN 46143			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		<u></u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)	· 	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)	·	
	(Use bla	ank sheet, or copy and use	additional copies of this s	sheet, as necessary)

					8. IP	VFORMATI	ON ABOU	r offeri	4G				
1										Yes	No		
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										X		
2.											S		
											Yes	No	
3.			permit joint		_								
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering if a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (l	Last name	first, if indi	ividua!)									
Bus	siness or l	Residence	Address (N	lumber and	Street, Ci	ty, State, Z	ip Code)	·					
Na	ne of Ass	sociated Br	oker or De	aler							 	<u> </u>	· · · · · ·
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers			 			
	(Check	"All States	" or check	individual	States)	***************	**********	•••••••		***********	,	☐ All	States
	AL	(AK)	[AZ]	ĀR	CA	CO	CT)	(DE)	DC	FL	GA	HI	1D
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT)	NE SC	NV)	NH)	(NI)	(NM) (UT)	NY VT	NC VA	(ND) [WA]	OH WV	OK WI	OR WY	PA PR
_		· - .											
Ful	l Name (l	Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)				· · ·		
No	ma of Acc	noisted R	oker or De	aler		·	······································						
144	iite oi vas	SOCIALLY DI	ORCI OI DE	aici									
Sta			Listed Has										
	(Check	"All States	" or check	individual	States)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****************	***********	***************		. [] AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	Œ
	IL MT	IN NE	IA NV	KS NH	KY NJ	I.A NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RÏ	SC	SD	TN	TX	UT	(VT)	VA	WA	WV	WI	WY	PR
Ful	l Name (l	Last name	first, if ind	ividual)		 	····						
	·						· · · · · · · · · · · · · · · · · · ·	·					
Bu.	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Na	me of Ass	sociated Bi	oker or De	aler		_ ,		 	· · · · · · · · · · · · · · · ·				
	tes in Wh	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<u> </u>					····
Sta	(Check "All States" or check individual States)								•••••			☐ Al	l States
Sta	(Check	"All State:											
Sta	(Check	AK AK	AZ	ĀR	CA	CO	CT)	[DE]	DC	FL	GA	HI	ID
Sta						CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	3	\$
	Equity		s 111,750.00
	✓ Common		
	Convertible Securities (including warrants)	3	s
	Partnership Interests	_	
	Other (Specify)		
	Total		s 111,750.00
	Answer also in Appendix, Column 3, if filing under ULOE.		· ·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		s 111,750.00
	Non-accredited Investors		s 0.00
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		<u>,</u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	There is Officially	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		\$ \$ 0.00
	Total		. \$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		
	Legal Fees		\$ 2,500.00
	Accounting Fees	<u>2</u>	\$ 1,500.00
	Engineering Fees] \$
	Sales Commissions (specify finders' fees separately)] S
	Other Expenses (identify) Consultation		\$_1,000.00
	Total		\$_5,000.00

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gros	s	\$
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ly purpose is not known, furnish an estimate and If the payments listed must equal the adjusted gros	d	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		. 🔲 💲 40,000.00	\$
	Purchase of real estate		. 🗆 \$	<u> </u>
	Purchase, rental or leasing and installation of made and equipment	chinery	. 🗆 \$	s
	Construction or leasing of plant buildings and fac	ilities	. 🗆 \$	□ s
	Acquisition of other businesses (including the val offering that may be used in exchange for the assi issuer pursuant to a merger)	ets or securities of another	· 🗆 \$	\$
	Repayment of indebtedness		. 🗆 \$	
	Working capital		\$ 105,000.00	s
	Other (specify):			s
			\$	<u> </u>
	Column Totals		\$_145,000.00	\$_0.00
	Total Payments Listed (column totals added)			15,000.00
		D. FEDERAL SIGNATURE	April 1	
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Comm	iission, upon writte	le 505, the following n request of its staff
	uer (Print or Type) ossroads Capital Corporation	Signature R Dean Branan	Date 7-24.	-06
	me of Signer (Print or Type) Dean Branan	Title of Signer (Print or Type) President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

,		E. STATE SIGNATURE							
1.	* * *	30.262 presently subject to any of the disqualification	Yes No						
		See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times	rtakes to furnish to any state administrator of any state in w as required by state law.	hich this notice is filed a notice on Form						
3.	The undersigned issuer hereby understand issuer to offerees.	ertakes to furnish to the state administrators, upon writter	n request, information furnished by the						
4.	limited Offering Exemption (ULOE	hat the issuer is familiar with the conditions that must be) of the state in which this notice is filed and understands f establishing that these conditions have been satisfied.							
	uer has read this notification and knows athorized person.	s the contents to be true and has duly caused this notice to be	e signed on its behalf by the undersigned						
lssuer ((Print or Type)	Signature	Date						
Crossro	oads Capital Corporation	K Dean Breman	7-24-06						
Name ((Print or Type)	Title (Print or Type)							
R. De	ean Branan	President	President						

President

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	· · · · · ·			AP	PENDIX	,	,		
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK							•		
AZ									
AR									
CA									
со		Х	Common Stock \$10,000	1	\$10,000	0	\$0.00		Х
СТ			V.0,000			j			
DE			·						·
DC									
FL									
GA									
НІ									
ID									
IL									
IN		Х	Common Stock \$97,250	8	\$63,000	0	\$0.00		X
ΙA									
KS									
KY		Х	Common Stock \$38,750	3	\$38,750	0	\$0.00		Х
LA									
ME									
MD									
MA									
Mi									
MN									
MS									

	APPENDIX									
1	Intend to non-a investor	to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
MT				,						
NE										
NV										
NH										
NJ										
NM								ſ		
NY			·							
NC										
ND										
ОН		Х	Common Stock \$4,000	1	\$4,000	0	\$0.00		X	
ОК										
OR				_						
PA		-								
RI										
sc										
SD	· ·									
TN				ļ						
TX										
UT										
VT										
VA										
WA										
wv										
wı										

				APP	ENDIX				
1	to non-a	Type of security Intend to sell and aggregate offering price Type of investor and investors in State offered in state amount purchased in State						Disqualification under State ULOF (if yes, attach explanation of waiver granted)	
State	(Part E	No	(Part C-Item 1)	Number of Accredited Investors	(Part	C-Item 2) Number of Non-Accredited Investors	Amount	(Part E	-Item 1) No
WY									
PR									